

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$144.50 for date of service 11/28/01.
- b. The request was received on 07/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOBs
 - d. EOBs from other carriers
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/01/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/01/02. The initial response from the insurance carrier was received in the Division on 07/08/02. There is not a 14 day response from the carrier noted in the case file. The initial response is reflected as Exhibit II in the Commission's Case File.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/24/02

“The expected out come of this issue is that we feel the claims should be paid in full. In accordance with DME Ground Rules Section IX c states invoices should be billed at the provider’s usual and customary rate.”

2. Respondent: No position statement found in case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/28/01.
2. The explanation of denial listed on the EOB is, “M-PAYMENT IS REDUCED FROM THE BILLED AMOUNT FOR TREATMENT/SERVICE FOR WHICH TWCC HAS NOT SET A MAXIMUM ALLOWABLE REIMBURSEMENT. O-PD MAX AMOUNT PD TO PROVIDERS FOR THE GENIE MASSAGER AND ACCESS KIT AND NO COST SHEET PROVIDED TO VALIDATE ADDL. AMOUNT.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/28/01	E1399 Jeanie Massager	\$250.00	\$155.00	M	DOP	MFG DME; (X)(IV);(IX)(C) TWCC Act & Rules Sec. 413.011 (d) Rule 133.304(i) Rule 133.307 (g)(3)(D); (j)(1)(F)	<p>The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of “fair and reasonable” reimbursement per Sec. 413.011(d).</p> <p>The carrier did not submit a methodology or documentation to support their denials or produced any evidence of a fair and reasonable rate.</p> <p>Therefore, reimbursement is recommended in the amount of \$95.00.</p>
11/28/01	E1399 Accessory kit for jeanie massager	\$139.00	\$89.50	M	DOP	MFG DME; (X)(IV);(IX)(C) TWCC Act & Rules Sec. 413.011 (d) Rule 133.304(i) Rule 133.307 (g)(3)(D); (j)(1)(F)	<p>The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of “fair and reasonable” reimbursement per Sec. 413.011(d).</p> <p>The carrier did not submit a methodology or documentation to support their denials or produced any evidence of a fair and reasonable rate.</p> <p>Therefore, reimbursement is recommended in the amount of \$49.50.</p>
Totals		\$389.00	\$244.50				The Requestor is entitled to additional reimbursement in the amount of \$144.50 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$144.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17th day of March 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb